

FINGERPRINT CARD INSTRUCTIONS FOR OCCUPATIONAL THERAPY APPLICATIONS

It is your responsibility to have your Fingerprint Card (FBI FD-258) completed by an authorized finger printer. Your local police or sheriff department generally has an authorized finger printer. They may charge you an additional fee for completing the card and taking your fingerprints. We recommend that you take these instructions with you to the finger printer. You may also have your fingerprints taken at the Board Office by appointment.

Instructions for Applicants

Please fill out blocks 1 –15 as shown on the sample card on the next page, using the Block Number Instructions listed below. All information must be typed or printed in **BLACK** ink. If your fingerprint card lacks any item, it can not be processed. Check with the Fingerprint Technician if you have any questions. The technician will then take your fingerprints. Submit your completed card to the Board with your application and a **\$24 fingerprint card-processing fee (not included in your licensing fee)**. **Do NOT fold or staple the fingerprint card.**

Block Number Instruction: (keep all writing within each block)

1. Applicant's signature: Sign your name.
2. Residence of person fingerprinted: Enter your home address. (**NO** P.O. Boxes)
3. Date: Enter the date of your fingerprints.
4. Name: Type or print last name, then first name and middle name.
(No nicknames)
5. Aliases: Enter maiden name, nickname or other names you have been known by.
6. Date of Birth: Enter your birth date.
7. Citizenship: Enter US, Canada, Mexico or name of other country.
8. Sex: Enter your gender.
M for Male
F for Female
9. Race: Enter the code for your nationality.
I for American Indian/ Alaskan Native
A for Asian/ Pacific Islander
B for Black
W for White and Hispanic
10. Height: Enter feet and inches measurements (5'11") not 71 inches.
11. Weight: Enter whole numbers only, using U.S. pounds (examples 105, 110, etc.)
12. Eye Color: Enter the code for your eye color.
BLK for black
BLU for blue
BRO for brown
GRN for green
GRY for gray
HZL for hazel
XXX for unknown

- | APPLICANT | | LEAVE BLANK | | TYPE OR PRINT ALL INFORMATION IN BLACK | | FBI | | LEAVE BLANK | |
|--|--|--|--|--|---|---|----------------------------|-------------------|---------------------|
| | | | | LAST NAME | FIRST NAME | MIDDLE NAME | | | |
| SIGNATURE OF PERSON FINGERPRINTED: | | 1 | | ALIASES: <u>AKA</u> | 4 | | | | |
| RESIDENCE OF PERSON FINGERPRINTED: | | 2 | | 5 | AZDPS2000 DPS-AFIS OPERATIONS PHOENIX, AZ | | DATE OF BIRTH: <u>DOB</u> | | |
| | | | | CITIZENSHIP: <u>C12</u> | SEX: <u>8</u> | RACE: <u>9</u> | AGE: <u>10</u> | WEIGHT: <u>11</u> | HEIGHT: <u>12</u> |
| DATE: <u>3</u> | | SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: | | FOUR FINGERPRINTS: <u>XX014415E</u> | | | PLACE OF BIRTH: <u>POB</u> | | 6 Month Day Year |
| METER AND METER NO. | | AZ Board of O.T. Examiners 5060 N. 19th Ave. Suite 209 Phoenix, AZ 85015 | | FBI NO: <u>FBI</u> | | | LEAVE BLANK: | | 14 |
| REASON FINGERPRINTED: | | LICENSING PER ARS 32-3430 | | ARMED FORCES NO: <u>MNU</u> | CLASS: _____ | | | | |
| | | | | SOCIAL SECURITY NO: <u>SOC</u> 15 | REF: _____ | | | | |
| | | | | MISCELLANEOUS NO: <u>MNU</u> | | | | | |
| 1. R. THUMB | | 7. R. INDEX | | 3. R. MIDDLE | | 4. R. RING | | 5. R. LITTLE | |
| 6. L. THUMB | | 8. L. INDEX | | 9. L. MIDDLE | | 10. L. RING | | 11. L. LITTLE | |
| LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY | | L. THUMB | | R. THUMB | | RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY | | | |